00614

Item 5, FilmC175 1-12-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 190

1. PLACE OF DEATH: 13
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkridge Rural | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Meadow Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard 13
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkridge, Rural
STREET ADDRESS (If rural, give location) Meadow Ridge Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Adelaid (Last) ABURROW
4. DATE OF DEATH (Month) JAN. (Day) 4 (Year) 1955
5. SEX: female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-2-1900
9. AGE Last birthday: 54/5/5/ yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: in private homes
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: EDWARD ABURROW
14. MOTHER'S MAIDEN NAME: ANNIE Elizabeth SCHADE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none -
17. INFORMANT & ADDRESS: JOHN H. THIERNAU - (UNCLE) ELKRIDGE 27, Box 303 - Meadow Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 15 minutes
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION: 0 none | 19b. MAJOR FINDING OF OPERATION: none | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf
DEPUTY MEDICAL EXAMINER HOWARD COUNTY
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-4-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1-6-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Rd, Washington D.C. S.E.

DATE REC'D BY LOCAL REG. January 4 1955 | REGISTRAR'S SIGNATURE Mrs. L. Bud Wilkinson | 24. FUNERAL DIRECTOR W. W. Chambers | ADDRESS 1446 Chapin N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JAN 6 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00615

00613 CERTIFICATE OF DEATH Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Fells Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 27 Fells Ave

3. NAME OF DECEASED: (First) ALEXANDER (Middle) (Last) BARBER
4. DATE OF DEATH: (Month) 1-25-55 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	5-7-1891	63 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reuben Barber
14. MOTHER'S MAIDEN NAME: Josephine Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-9341
17. INFORMANT & ADDRESS: Elizabeth Barber, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	20 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) —	
	(c) Arterio-Sclerotic Cardio-Vascular Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1954, to Jan 25, 1955, that I last saw the deceased alive on Jan 24, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William A. Lansaway	M.D.	Ellicott City	1/25/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-28-55	Western Star	Catonsville, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 27, 1955	John B. Longhurst, Pro. B.E.L.	F.C. Higinbothom	Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00616

00611

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Glenelg)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City - rural
STREET ADDRESS (If rural give location) (Glenelg)

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Trundle (Last) Brosius

4. DATE OF DEATH: (Month) (Day) (Year) January 31 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 12/23/93
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10B. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Thomas Brosius
14. MOTHER'S MAIDEN NAME: Laura Virginia Trundle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

146X
IMMEDIATE CAUSE (A) Metastatic Carcinoma - Lungs and Neck — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Primary Carcinoma - Nasopharynx — 3 yr.
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease - Decompensation — 2 yr.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1952 to Jan. ..... 1955, that I last saw the deceased alive on Jan 28, 1955, and that death occurred at 7:40 A.M., from the causes and on the date stated above.
SIGNATURE Richard A. Yates M.D. ADDRESS Olney, Md DATE SIGNED 1-31-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-2-55
NAME OF CEMETERY OR CREMATORY St Marys Cemetery
LOCATION (City, town, or county) (State) Barnesville, Md.

DATE REC'D BY LOCAL REGISTRAR 2-1-55
REGISTRAR'S SIGNATURE Maria A. Whitaker
24. FUNERAL DIRECTOR W. B. Hilton ADDRESS Barnesville Md.

RECEIVED
FEB 4
BUREAU V. S.

00615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00617

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Valley Road

3. NAME OF DECEASED (Type or Print): (First) H. (Middle) Henry (Last) Kraus
4. DATE OF DEATH: (Month) (Day) (Year) Jan - 9 - 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug - 22 - 1874
9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Meat Market
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kraus
14. MOTHER'S MAIDEN NAME: Maggie Rudolus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No. 215-18-9397
17. INFORMANT: Rhea K. Cross - Valley Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cerebral haemorrhage - hemiplegia — Interval between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio sclerotic type heart disease with cardiac hypertrophy & congestive failure & hypertension. — Several years
(c) generalized arteria sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral haemorrhage hemiplegia — 5 years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to January 9 1955, that I last saw the deceased alive on January 7 1955, and that death occurred at 8:00 A. m., from the causes and on the date stated above.

SIGNATURE: William Michel (Degree or title) M. D ADDRESS: 1015 Park Grove St - Baltimore - 16 - Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan 12/55
NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
LOCATION (City, town, or county) (State): Woodlawn
DATE REC'D BY LOCAL REG.: 1-11-55
REGISTRAR'S SIGNATURE: C W Perrin
FUNERAL DIRECTOR: H. B. Wippert
ADDRESS: 1300 Eutaw Pl

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00618

00616

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) William (Middle) Henry (Last) Lilley

4. DATE OF DEATH: (Month) January (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: October 1 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10B. KIND OF BUSINESS OR INDUSTRY: general construction

11. BIRTHPLACE (State or foreign country): Scaggsville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lilley

14. MOTHER'S MAIDEN NAME: Helen Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Hazel Bayer, Savage, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

IMMEDIATE CAUSE (A) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S) DUE TO (B) Hepatic Carcinoma. — 9 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4/54, 19..., to 1/4/55, 19..., that I last saw the deceased alive on 1/4/55, 19..., and that death occurred at 4 P. M., from the causes and on the date stated above.

SIGNATURE Frank B. Shipley M. D. ADDRESS Savage, Md. DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Jan. 7 1955 — NAME OF CEMETERY OR CREMATORY: Savage Cemetery — LOCATION (City, town, or county) (State): Savage, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/7/55 — REGISTRAR'S SIGNATURE Frank B. Shipley

24. FUNERAL DIRECTOR — ADDRESS: De Witt Donaldson, Laurel, Md

RECEIVED
JAN 11 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00617

2411 N. Charles Street, Baltimore

00619

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural - Mt. Airy
LENGTH OF STAY (in this place) 19 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poplar Springs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt. Airy X
STREET ADDRESS (If rural, give location) Poplar Springs

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) ~~Crawford~~ Reid (Last) Mac Callum

4. DATE OF DEATH: (Month) January (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 26, 1861

9. AGE: Last birthday 94 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ~~Scotland~~ Ballymena, County Antrim, Ireland

12. CITIZEN OF WHAT COUNTRY? Great Britain

13. FATHER'S NAME: William Reid

14. MOTHER'S MAIDEN NAME: Margaret Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MR. WM Reed - Jefferson Apt 4E 32nd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: Several Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Jan., 1955, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 7:16 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B. Culwell M.D Mt. Airy January 31, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Feb 2-1955 | NAME OF CEMETERY OR CREMATORY Parkwood Cem. | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 2-1-55 | REGISTRAR'S SIGNATURE A W Dedrick | 24. FUNERAL DIRECTOR Conrad Ruck | ADDRESS 5305 Harford

00618

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 00620

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pond on Mintz Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ilchester
STREET ADDRESS (If rural, give location) Ilchester & Landing Roads

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) WALTER (Last) MINTZ Jr.
4. DATE OF DEATH (Month) (Day) (Year) 1-16-55 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Oct. 25, 1922	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forest Warden	State of Md.	Maryland	U.S.A.

13. FATHER'S NAME: Arthur W. Mintz Sr.
14. MOTHER'S MAIDEN NAME: Minna E. Hartmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Arthur W. Mintz Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Drowning	Instant
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Farm
21c. (City or town) Ilchester (County) Howard (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-16-55 5 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Ice Skating and went through ice

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf Ellicott City, Md. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-16-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-19-1955	Meadow Ridge	Howard	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 21, 1955	John B. Laughman. Per. B. E. L.	MacNabb & Son	Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00277

Howard 00619 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE WRITE PLAINLY, WINFADING INK. Every item of information should be carefully supplied. correct age is especially important; physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Herbert L Oehme Jr
2. DATE OF DEATH: JAN. 2. 1955
3. PLACE OF DEATH: A. Baltimore City, Maryland / Howard County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): High land Manor Ellicott City, Maryland
C. Length of stay in Baltimore: 90 Yrs. 00 Mos. Life Days
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1529 E. North Ave
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 4-21-1881
9. AGE (In years last birthday): 73 If under 1 Year: Months / Days / If under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herbert L Oehme Jr.
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
16. SOCIAL SECURITY NO.: (If yes, give year or dates of service): No / None
17. INFORMANT: ADDRESS: Sinai Hospital - Social Service

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X — Hypertensive Cardio-vascular Heart Disease — 4-5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B) (1) Metastatic Cancer of Lung — 3-4 mon.

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR?
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27-54 19__, *to* Jan 2 , 1955 *that I last saw the deceased alive on* Jan 1 , 1955 , *and that death occurred at* 9 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Orland B Taylor MD M. D.
23B. ADDRESS: Ellicott City Md
23C. DATE SIGNED: 1/5/55

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/5/55
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 1-5-55
REGISTRAR'S SIGNATURE: a w Redecal
25. FUNERAL DIRECTOR: ADDRESS: Earl B. Wolverton Funeral Home, Inc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00622

00621 **CERTIFICATE OF DEATH** Reg. Dist. No. 170

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (In this place) 3 yrs 3mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS IX Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY. If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15, Md. 3Yc 1-4
STREET ADDRESS (If rural give location) 3305 Glenn Ave.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Rubin

4. DATE OF DEATH: (Month) (Day) (Year) January 18 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 1875
9. AGE last birthday: 80 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Krause
14. MOTHER'S MAIDEN NAME. Helen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service.)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Yetta Hurwitz 3918 Reisterstown Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSE (B) DUE TO: Arteriosclerotic Cardiovascular disease 5 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis — 4 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Oct 9, 1951 to Jan 18, 1955 that I last saw the deceased alive on Jan 18, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor M. D. ADDRESS Taylor Manor Hospital DATE SIGNED Jan 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan 19/55
NAME OF CEMETERY OR CREMATORY: Shaarei Zion Cemetery
LOCATION (City or town, or county) (State): Balto, Md

DATE REC'D BY LOCAL REGISTRAR: 1-19-55
REGISTRAR'S SIGNATURE: A W Hartman
24. FUNERAL DIRECTOR: Sol Levinson & Bro. ADDRESS: Inc. Balto, Md

00622

MARYLAND STATE DEPARTMENT OF HEALTH

00623

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural) — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenelg

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural) X
STREET ADDRESS (If rural, give location): Glenelg

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) EDWIN (Last) SELBY

4. DATE OF DEATH: (Month) 1-10-1955 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-19-1869

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): Ivory, Howard County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Q. Selby

14. MOTHER'S MAIDEN NAME: Rachel Ann Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William O. Selby, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocardial failure — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1946, to 1/10, 1955, that I last saw the deceased alive on 1/10, 1955, and that death occurred at 9 30/60 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: 1/12/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-13-1955 | NAME OF CEMETERY OR CREMATORY: Mt. View | LOCATION (City, town, or county) (State): Alpha, Md.

DATE REC'D BY LOCAL REG.: 1-13-55 | REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

00623

MARYLAND STATE DEPARTMENT OF HEALTH

00624

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodward

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Box 22 Main Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Douglas	Smith	Jan	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Feb 6 1896	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Owner	Howard Co.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	Critz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	210-14-[illegible]	Mrs. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute Coronary occlusion	½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Angina Pectoris	6 mos.
(c)	Arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Edentate Toothless

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/24/55	[illegible]	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/25/55, 19[illegible], to 1/30/55, 19[illegible], that I last saw the deceased alive on 1/27/55, 19[illegible], and that death occurred at 4:22 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 1/30/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/1/55	Forest Lawn Cem.	Norfolk, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-31-55	[illegible]	Wm. J. Dickson & Sons	Balto. 17 Md.

00624 00625

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Friendship
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Friendship
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) RICHARD (Last) SULLIVAN

4. DATE OF DEATH (Month) 1-29-55 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (If Yes, give name of husband or wife): Divorced
8. DATE OF BIRTH: 6-12-1902
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Doughnut Corp. of Am
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Thomas Sullivan
14. MOTHER'S MAIDEN NAME: Nettie Musgrave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-24-4465
17. INFORMANT & ADDRESS: Nettie Sullivan, West Friendship, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE George E Burgtorf M. D. Ellicott City, Md.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-1-55
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) (State) Sunshine, Md

DATE REC'D BY LOCAL REG. 1/31/55
REGISTRAR'S SIGNATURE Alice M. Hebb
24. FUNERAL DIRECTOR ADDRESS F.C. Higinbotham, Ellicott City, Md.

RECEIVED
FEB 2 1955
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00626

00625

CERTIFICATE OF DEATH

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Ellicott City

LENGTH OF STAY (in this place): 7 Mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 R

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown, Md. X

STREET ADDRESS (If rural give location): R.F.D. 2 Ellicott City, Md.

3. NAME OF DECEASED (Type or Print): Mark (First) Walters (Middle) H. F. (Last) Noah Walters

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	March 12, 1872	82 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Music teacher	Private-retired	Randallstown, Md.	

13. FATHER'S NAME: Samuel B. Walters

14. MOTHER'S MAIDEN NAME: Anna Freyfogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Miss Mary M. Burdett- R.F.D. 2 Ellicott City

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
290.0 Immediate cause	(a) Cerebral hemorrhage	2 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pernicious Anemia	?
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1954, to 1/12/, 1955, that I last saw the deceased alive on 1/10/, 1955, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title) M.D. ADDRESS: Randallstown Md DATE SIGNED: 1/13/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 15, 1955	Mt. Olive	Randallstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 20, 1955	John B. Leighton Per. B. E. L.	Ellsworth Armacost	4600 Liberty Hghts. Ave. 7

RECEIVED
JAN 24 1955
BUREAU V. S.